Kentucky Department for Environmental Protection Division of Waste Management Underground Storage Tank Branch 300 Sower Boulevard – Frankfort KY 40601 (502) 564-5981 FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SPACE

## **DRAFT**

## **UST Affidavit of Termination of PSTEAF Contract**

facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:DEP.KORA@ky.gov">DEP.KORA@ky.gov</a>.

Date Form Completed	1 1			
1. UST Facility Information				
Agency Interest Number (AI)		PSTEAF Application Numb	er	
UST Facility Name				
UST Facility Physical Address	Street Address:			
	City:	County:		Zip Code: -
2. Applicant Information				
Applicant Name				
Applicant Mailing Address	Street Address:			
	City:	State:	Z	Zip Code: -
Applicant Contact Information	Phone: ( ) -	Email:		
Legally Authorized Representative / Agent		Phone: ( ) - Em	ne: ( ) - Email:	
3. Certification				
☐ Check here if the person completing the form is the same as the applicant or authorized representative/agent named below.				
Name of Person Completing Form				
Email		Phone No	umber	( ) -
I, the applicant approved for Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) reimbursement,, hereby				
notify the UST Branch of the termination, as of// (date of contract termination as MM/DD/YY), of the contract dated//				
(MM/DD/YY) with (eligible company or partnership name) for the performance of corrective				
action at(facility name) at(facility address).				
Applicant or Authorized Representative/Agent	Printed		Title	
	Signature		Date	1 1
4. Notary Information				
Subscribe and sworn to before me by (Applicant or Authorized Representative/Agent):				
This the day of ,				
Notary Public				
Commission State at Large	OR County			
My Commission expires	SEAL OPTIONAL SEAL OPTIONAL			
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.kv.gov/ust. For copies of				

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